

## **EXHIBIT 11**



I understand and agree that I assume all risks associated with medical care provided under this paragraph, and I waive any claim that I might have against WTA, Tour or Authorized Persons for any injury arising out of or relating to the provision of medical care, and I release WTA, Tour and Authorized Persons from liability for any and all such claims.

**PLAYER**

I, the undersigned, Graham Venables, have read, understand, consent, and agree to be bound by the above Sections 1-6.

(Signature) RV DATE 20/12/2023

**PARENT/LEGAL GUARDIAN (IF APPLICABLE)**

I, the undersigned Parent/Legal Guardian of [redacted], represent, and agree that I have read and fully understand the above Sections 1-6 and have explained to my minor child/ward the risks of participation, my responsibilities for adhering to the WTA, Puna, TACP, and TADP, and that my child/ward understands the above Sections 1-6, and its consent and agree on behalf of myself and my minor child/ward to be bound by the above Sections 1-6.

(Signature) [redacted] DATE [redacted]